

Madam Speaker, I urge my colleagues to support this important legislation.

Madam Speaker, I yield 3 minutes to the gentleman from New York (Mr. KATKO).

Mr. KATKO. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, I rise in strong support of the Suicide Prevention Lifeline Improvement Act. I was proud to introduce this legislation alongside my good friends and tremendous leaders on mental health issues, Congresswoman NAPOLITANO and Congressman BEYER.

Every year during Mental Health Awareness Month, I stand before this body to highlight the mental health crisis facing our Nation and the urgent need for action. This year, however, the issue is more critical than ever.

As the coronavirus pandemic impacted nearly every aspect of our society and daily lives, we saw devastating increases in the number of Americans suffering from mental health issues. One report by the Centers for Disease Control last June indicated that 40 percent of U.S. adults reported struggling with mental health or substance use, with nearly 11 percent of adults and over 25 percent of those aged 18 to 24 years old having seriously considered suicide. Those are stunning numbers. The threat of this pandemic was not solely a physical or financial one. It has taken a toll on the mental health of millions upon millions of Americans, and they need our support.

I am pleased that the bipartisan Suicide Prevention Lifeline Improvement Act takes important steps to provide individuals in crisis with lifesaving aid and resources by improving and strengthening the National Suicide Prevention Lifeline. Since its creation, the lifeline has been significantly underfunded and plagued with issues, like long call wait times and lack of consistency.

This bill increases the authorization from \$12 million to \$50 million, and dedicates 80 percent of that funding to local suicide crisis centers that are the backbone of the lifeline, like Contact Community Services in Syracuse, which literally saves lives every day.

The legislation also implements important quality assurance measures including the requirement to eliminate call wait times and implement evidence-based practices like follow-up and referrals to other health services that are required. For too long, the mental health and suicide crisis in our country has gone unspoken, underfunded and under-recognized. It is time we address this crisis as what it is: a crisis.

Madam Speaker, I urge my colleagues to support H.R. 2981 and other important mental health bills on the floor today.

Mr. PALLONE. Madam Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GUTHRIE. In closing, Madam Speaker, I appreciate my colleagues for

working very hard on this bill and all the bills for suicide preservation.

Madam Speaker, I urge its passage, and I yield back the balance of my time.

Mr. PALLONE. In closing, Madam Speaker, this, again, is a bill to try to improve the lifeline and the use of the new 988 number. I urge its support, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2981.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

SUICIDE PREVENTION ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2955) to authorize a pilot program to expand and intensify surveillance of self-harm in partnership with State and local public health departments, to establish a grant program to provide self-harm and suicide prevention services in hospital emergency departments, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2955

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Suicide Prevention Act”.

SEC. 2. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAVIORS PROGRAM.

Title III of the Public Health Service Act is amended by inserting after section 317U of such Act (42 U.S.C. 247b-23) the following:

“SEC. 317V. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAVIORS PROGRAM.

“(a) IN GENERAL.—The Secretary shall award grants to State, local, Tribal, and territorial public health departments for the expansion of surveillance of self-harm.

“(b) DATA SHARING BY GRANTEEES.—As a condition of receipt of such grant under subsection (a), each grantee shall agree to share with the Centers for Disease Control and Prevention in real time, to the extent feasible and as specified in the grant agreement, data on suicides and self-harm for purposes of—

“(1) tracking and monitoring self-harm to inform response activities to suicide clusters;

“(2) informing prevention programming for identified at-risk populations; and

“(3) conducting or supporting research.

“(c) DISAGGREGATION OF DATA.—The Secretary shall provide for the data collected through surveillance of self-harm under subsection (b) to be disaggregated by the following categories:

“(1) Nonfatal self-harm data of any intent.

“(2) Data on suicidal ideation.

“(3) Data on self-harm where there is no evidence, whether implicit or explicit, of suicidal intent.

“(4) Data on self-harm where there is evidence, whether implicit or explicit, of suicidal intent.

“(5) Data on self-harm where suicidal intent is unclear based on the available evidence.

“(d) PRIORITY.—In making awards under subsection (a), the Secretary shall give priority to eligible entities that are—

“(1) located in a State with an age-adjusted rate of nonfatal suicidal behavior that is above the national rate of nonfatal suicidal behavior, as determined by the Director of the Centers for Disease Control and Prevention;

“(2) serving an Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act) with an age-adjusted rate of nonfatal suicidal behavior that is above the national rate of nonfatal suicidal behavior, as determined through appropriate mechanisms determined by the Secretary in consultation with Indian Tribes; or

“(3) located in a State with a high rate of coverage of statewide (or Tribal) emergency department visits, as determined by the Director of the Centers for Disease Control and Prevention.

“(e) GEOGRAPHIC DISTRIBUTION.—In making grants under this section, the Secretary shall make an effort to ensure geographic distribution, taking into account the unique needs of rural communities, including—

“(1) communities with an incidence of individuals with serious mental illness, demonstrated suicidal ideation or behavior, or suicide rates that are above the national average, as determined by the Assistant Secretary for Mental Health and Substance Use;

“(2) communities with a shortage of prevention and treatment services, as determined by the Assistant Secretary for Mental Health and Substance Use and the Administrator of the Health Resources and Services Administration; and

“(3) other appropriate community-level factors and social determinants of health such as income, employment, and education.

“(f) PERIOD OF PARTICIPATION.—To be selected as a grant recipient under this section, a State, local, Tribal, or territorial public health department shall agree to participate in the program for a period of not less than 4 years.

“(g) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance and training to grantees for collecting and sharing the data under subsection (b).

“(h) DATA SHARING BY HHS.—Subject to subsection (b), the Secretary shall, with respect to data on self-harm that is collected pursuant to this section, share and integrate such data through—

“(1) the National Syndromic Surveillance Program’s Early Notification of Community Epidemics (ESSENCE) platform (or any successor platform);

“(2) the National Violent Death Reporting System, as appropriate; or

“(3) another appropriate surveillance program, including such a program that collects data on suicides and self-harm among special populations, such as members of the military and veterans.

“(i) RULE OF CONSTRUCTION REGARDING APPLICABILITY OF PRIVACY PROTECTIONS.—Nothing in this section shall be construed to limit or alter the application of Federal or State law relating to the privacy of information to data or information that is collected or created under this section.

“(j) REPORT.—

“(1) SUBMISSION.—Not later than 3 years after the date of enactment of this Act, the

Secretary shall evaluate the suicide and self-harm syndromic surveillance systems at the Federal, State, and local levels and submit a report to Congress on the data collected under subsections (b) and (c) in a manner that prevents the disclosure of individually identifiable information, at a minimum, consistent with all applicable privacy laws and regulations.

“(2) CONTENTS.—In addition to the data collected under subsections (b) and (c), the report under paragraph (1) shall include—

“(A) challenges and gaps in data collection and reporting;

“(B) recommendations to address such gaps and challenges; and

“(C) a description of any public health responses initiated at the Federal, State, or local level in response to the data collected.

“(k) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$20,000,000 for each of fiscal years 2022 through 2026.”.

SEC. 3. GRANTS TO PROVIDE SELF-HARM AND SUICIDE PREVENTION SERVICES.

Part B of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

“SEC. 520N. GRANTS TO PROVIDE SELF-HARM AND SUICIDE PREVENTION SERVICES.

“(a) IN GENERAL.—The Secretary of Health and Human Services shall award grants to hospital emergency departments to provide self-harm and suicide prevention services.

“(b) ACTIVITIES SUPPORTED.—

“(1) IN GENERAL.—A hospital emergency department awarded a grant under subsection (a) shall use amounts under the grant to implement a program or protocol to better prevent suicide attempts among hospital patients after discharge, which may include—

“(A) screening patients for self-harm and suicide in accordance with the standards of practice described in subsection (e)(1) and standards of care established by appropriate medical and advocacy organizations;

“(B) providing patients short-term self-harm and suicide prevention services in accordance with the results of the screenings described in subparagraph (A); and

“(C) referring patients, as appropriate, to a health care facility or provider for purposes of receiving long-term self-harm and suicide prevention services, and providing any additional follow up services and care identified as appropriate as a result of the screenings and short-term self-harm and suicide prevention services described in subparagraphs (A) and (B).

“(2) USE OF FUNDS TO HIRE AND TRAIN STAFF.—Amounts awarded under subsection (a) may be used to hire clinical social workers, mental and behavioral health care professionals, and support staff as appropriate, and to train existing staff and newly hired staff to carry out the activities described in paragraph (1).

“(c) GRANT TERMS.—A grant awarded under subsection (a)—

“(1) shall be for a period of 3 years; and

“(2) may be renewed subject to the requirements of this section.

“(d) APPLICATIONS.—A hospital emergency department seeking a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

“(e) STANDARDS OF PRACTICE.—

“(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this section, the Secretary shall develop standards of practice for screening patients for self-harm and suicide for purposes of carrying out subsection (b)(1)(C).

“(2) CONSULTATION.—The Secretary shall develop the standards of practice described

in paragraph (1) in consultation with individuals and entities with expertise in self-harm and suicide prevention, including public, private, and non-profit entities.

“(f) REPORTING.—

“(1) REPORTS TO THE SECRETARY.—

“(A) IN GENERAL.—A hospital emergency department awarded a grant under subsection (a) shall, at least quarterly for the duration of the grant, submit to the Secretary a report evaluating the activities supported by the grant.

“(B) MATTERS TO BE INCLUDED.—The report required under subparagraph (A) shall include—

“(i) the number of patients receiving—

“(I) screenings carried out at the hospital emergency department;

“(II) short-term self-harm and suicide prevention services at the hospital emergency department; and

“(III) referrals to health care facilities for the purposes of receiving long-term self-harm and suicide prevention;

“(ii) information on the adherence of the hospital emergency department to the standards of practice described in subsection (f)(1); and

“(iii) other information as the Secretary determines appropriate to evaluate the use of grant funds.

“(2) REPORTS TO CONGRESS.—Not later than 2 years after the date of the enactment of the Suicide Prevention Act, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the grant program under this section, including—

“(A) a summary of reports received by the Secretary under paragraph (1); and

“(B) an evaluation of the program by the Secretary.

“(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$30,000,000 for each of fiscal years 2022 through 2026.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2955.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2955, the Suicide Prevention Act. This is among several bills being considered today that is specifically aimed at suicide prevention. The reason for these legislative efforts is that suicide is a devastating and preventable tragedy that strikes far too many Americans; and there is legitimate reason for us to be concerned that this preventable cause of death may become worse as we fully uncover the impact of the pandemic on American lives. We know that more people

than ever are suffering from mental health issues, and suicide is unfortunately a devastating consequence of untreated mental illness.

So we have to act now to better understand the risk factors for suicide and self-harm, train providers on how to better manage patients, and improve our ability to detect suicide deaths and self-harm in our communities. This bill does each of these things.

The Suicide Prevention Act, introduced by Representatives STEWART and MATSUI, will enhance collection and sharing of important data while also providing funding for programs that train and equip emergency department personnel in how to prevent suicide.

The bill also enables surveillance of self-harm to inform better health strategies aimed at prevention, Madam Speaker. It also supports emergency departments to better screen and treat high-risk patients, and it also calls for development and deployment of best practices in suicide prevention for all healthcare providers.

So, in closing, we know that suicide is one of the leading causes of preventable death in the United States—particularly for young people—and we have to act. I commend the work of the sponsors of this bill, Representatives STEWART and MATSUI, in creating this important bill. I look forward to passing the bill today, and I hope that the Senate will act on it swiftly.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 2955, the Suicide Prevention Act, spearheaded by Representatives STEWART and MATSUI.

This legislation establishes two grant programs to prevent self-harm and suicide. The first grant program would train emergency room personnel in suicide prevention strategies and screening. The bill also establishes a grant program to enhance data collection and sharing of suicide information to help save lives.

I thank my colleagues for bringing forward this important legislation, and I urge my colleagues to vote in favor of this important initiative.

Madam Speaker, seeing no additional speakers, I yield back the balance of my time.

Mr. PALLONE. In closing, Madam Speaker, again, this bill is part of our strategy in prevention. I urge my colleagues to support it on a bipartisan basis, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2955.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

BLOCK, REPORT, AND SUSPEND SUSPICIOUS SHIPMENTS ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 768) to amend the Controlled Substances Act to clarify the process for registrants to exercise due diligence upon discovering a suspicious order, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 768

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Block, Report, And Suspend Suspicious Shipments Act of 2021”.

SEC. 2. CLARIFICATION OF PROCESS FOR REGISTRANTS TO EXERCISE DUE DILIGENCE UPON DISCOVERING A SUSPICIOUS ORDER.

(a) IN GENERAL.—Paragraph (3) of section 312(a) of the Controlled Substances Act (21 U.S.C. 832(a)) is amended to read as follows:

“(3) upon discovering a suspicious order or series of orders—

“(A) exercise due diligence;

“(B) establish and maintain (for not less than a period to be determined by the Administrator of the Drug Enforcement Administration) a record of the due diligence that was performed;

“(C) decline to fill the order or series of orders if the due diligence fails to resolve all of the indicators that gave rise to the suspicion that filling the order or series of orders would cause a violation of this title by the registrant or the prospective purchaser; and

“(D) notify the Administrator of the Drug Enforcement Administration and the Special Agent in Charge of the Division Office of the Drug Enforcement Administration for the area in which the registrant is located or conducts business of—

“(i) each suspicious order or series of orders discovered by the registrant; and

“(ii) the indicators giving rise to the suspicion that filling the order or series of orders would cause a violation of this title by the registrant or the prospective purchaser.”.

(b) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, for purposes of section 312(a)(3) of the Controlled Substances Act, as amended by subsection (a), the Attorney General of the United States shall promulgate a final regulation specifying the indicators that give rise to a suspicion that filling an order or series of orders would cause a violation of the Controlled Substances Act (21 U.S.C. 801 et seq.) by a registrant or a prospective purchaser.

(c) APPLICABILITY.—Section 312(a)(3) of the Controlled Substances Act, as amended by subsection (a), shall apply beginning on the day that is 1 year after the date of enactment of this Act. Until such day, section 312(a)(3) of the Controlled Substances Act shall apply as such section 312(a)(3) was in effect on the day before the date of enactment of this Act.

SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 768.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 768, the Block, Report, And Suspend Suspicious Shipments Act of 2021.

Since 1999, more than 841,000 Americans have died from a drug overdose. In the early years of this epidemic, many of these deaths involved prescription opioids. Then in 2010 we began seeing dramatic increases from heroin-involved deaths, and now we are seeing a third wave, Madam Speaker, involving synthetic opioids like illicitly manufactured fentanyl.

In those earlier years, Americans across the country became addicted to opioids. Many of those opioids were prescribed to patients to treat pain. However, throughout the years, we have discovered that many of these opioids were diverted through a system meant to prevent diversion.

The Drug Enforcement Administration requires entities that manufacture or distribute controlled substances to register and report their activities through ARCOS, a system meant to track the manufacture, distribution, and dispensing of these substances. In this system, registrants are also expected to disclose suspicious orders of controlled substances such as orders of unusual size, orders deviating from a normal pattern, or orders of an unusual frequency.

H.R. 768 will improve reporting and action on suspicious orders by clarifying the responsibilities of drug manufacturers and distributors when discovering a suspicious order. The legislation also requires that this discovery be reported to DEA, which will help all entities to better identify suspicious activity and root out bad actors.

This is a commonsense bill that will make clear the responsibilities for all

entities in our supply chain, and hopefully help to deter opioid diversion and trafficking.

I commend the lead sponsors of this legislation, Representatives DINGELL and MCKINLEY, and their staff, for their work on this bill.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,

COMMITTEE ON THE JUDICIARY,

Washington, DC, May 5, 2021.

Hon. FRANK PALLONE, JR.,

Chairman, Committee on Energy and Commerce, House of Representatives, Washington, DC.

DEAR CHAIRMAN PALLONE: This is to advise you that the Committee on the Judiciary has now had an opportunity to review the provisions in H.R. 768, the “Block, Report, And Suspend Suspicious Shipments Act of 2021,” that fall within our Rule X jurisdiction. I appreciate your consulting with us on those provisions. The Judiciary Committee has no objection to your including them in the bill for consideration on the House floor, and to expedite that consideration is willing to forgo action on H.R. 768, with the understanding that we do not thereby waive any future jurisdictional claim over those provisions or their subject matters.

In the event a House-Senate conference on this or similar legislation is convened, the Judiciary Committee reserves the right to request an appropriate number of conferees to address any concerns with these or similar provisions that may arise in conference.

Please place this letter into the Congressional Record during consideration of the measure on the House floor. Thank you for the cooperative spirit in which you have worked regarding this matter and others between our committees.

Sincerely,

JERROLD NADLER,

Chairman.

HOUSE OF REPRESENTATIVES,

COMMITTEE ON ENERGY AND COMMERCE,

Washington, DC, May 7, 2021.

Hon. JERROLD NADLER,

Chairman, Committee on the Judiciary, Washington, DC.

DEAR CHAIRMAN NADLER: Thank you for consulting with the Committee on Energy and Commerce and agreeing to be discharged from further consideration of H.R. 768, the “Block, Report, And Suspend Suspicious Shipments Act of 2021,” so that the bill may proceed expeditiously to the House floor.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this measure or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will seek to place our letters on H.R. 768 into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

FRANK PALLONE, JR.,

Chairman.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today to express my strong support for H.R. 768, the Block, Report, And Suspend Shipments Act of 2021, which was led by my